Colorado Children's Health Insurance Program
Child Health Plan *Plus* (CHP+)

Fiscal Year 2015–2016 Colorado PIP Validation Report

Access and Transition to Behavioral Health Services

for

Kaiser Permanente Colorado

April 2016

for

Validation Year 2

This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy & Financing.

HSAG HEALTH SERVICES ADVISORY GROUP

3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

TABLE OF CONTENTS

1. BACKGROUND

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with federal regulations and quality improvement standards. According to the BBA, the quality of health care delivered to Medicaid members in MCOs and PIHPs must be tracked, analyzed, and reported annually. The Colorado Department of Health Care Policy & Financing (the Department) has contractual requirements with each MCO, and behavioral health organization (BHO) to conduct and submit performance improvement projects (PIPs) annually.

In preparation for implementation of Public Law 111-3, The Children's Health Insurance Program Reauthorization Act of 2009, the State of Colorado required each contractor with the Colorado Child Health Plan *Plus* (CHP+) health insurance program to conduct and submit PIP reports annually. CHP+ is Colorado's implementation of the Children's Health Insurance Program (CHIP), a health maintenance organization (HMO) jointly financed by federal and state governments and administered by the states. Originally created in 1997, CHIP targets uninsured children in families with incomes too high to qualify for Medicaid programs, but often too low to afford private coverage.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities to increase or sustain improvement.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the HMO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG's review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.

2. The outcomes of the PIPs. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP's outcomes determined whether the HMO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the HMO was successful in sustaining the improvement. The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the HMO's improvement strategies.

PIP Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For fiscal year (FY) 2015–2016, **Kaiser Permanente Colorado** (**Kaiser**) continued its ***Access and Transition to Behavioral Health Services*** PIP. The topic selected addressed CMS' requirements related to quality outcomes—specifically, the quality and timeliness of care and services.

PIP Summary

For this FY 2015–2016 validation cycle, the PIP received an overall validation score of 75 percent and a *Partially Met* validation status. The focus of this PIP is to improve behavioral health follow-up for **Kaiser** CHP+ members 13–17 years of age who screened positive for depression by a primary care provider. The PIP had two study questions that **Kaiser** stated: (1) "Do targeted interventions increase the percentage of KP CHP members 13–17 years of age screened for depression by a primary care practitioner (PCP) during the measurement year?" and (2) "Do targeted interventions increase the percentage of KP CHP members 13–17 years of age who have a follow-up visit with a behavioral health provider within 14 days of a positive depression screening?" The following table describes the study indicators for this PIP.

Table 1–1—Study Indicators

PIP Topic	Study Indicators
Access and Transition to Behavioral Health Services	1. The total number of Kaiser CHP+ members 13–17 years of age who were screened for depression by a primary care practitioner office during the measurement year. 2. The total number of Kaiser CHP+ members 13–17 years of age who screened positive for depression by a primary care practitioner office and were seen by a behavioral health practitioner within 14 days of the positive screening.

Validation Overview

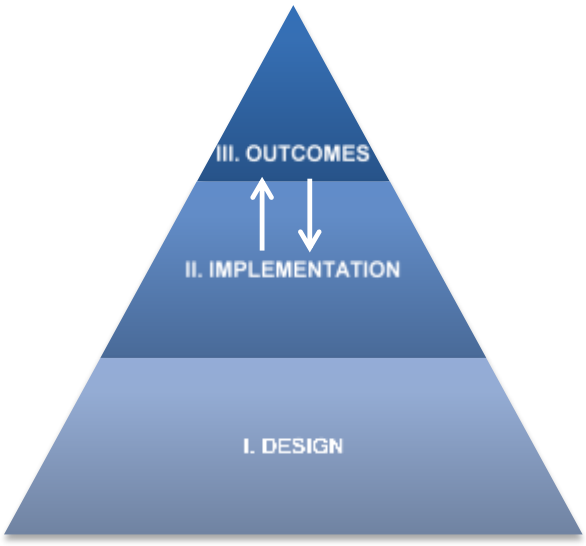
HSAG obtained the information needed to conduct the PIP validation from **Kaiser**'s PIP Summary Form. This form provided detailed information about the HMO's PIP related to the activities completed and HSAG evaluated for the FY 2015–2016 validation cycle.

Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. A HMO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

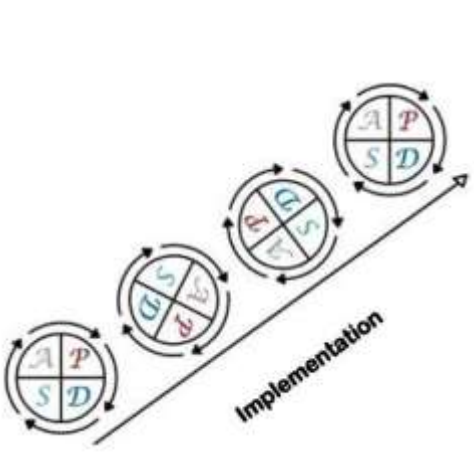
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary.

Figure 1–1—PIP Stages



Once **Kaiser** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the HMOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The HMOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- **P**lan—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- **D**o—implement intervention; track and monitor the intervention; and record the data
- **S**tudy—analyze the data; compare results; and evaluate the intervention's effectiveness
- **A**ct—based on the evaluation results, standardize, modify, or discontinue the intervention

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The HMO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the HMO's evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the HMO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

This year, the PIP validation process evaluated the technical methods of the PIP (i.e., the study design), as well as the implementation of quality improvement activities. Based on its review, HSAG determined the overall methodological validity of the PIP.

Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is an HMO's update of a previously submitted PIP with modified/additional documentation.

HMOs have the opportunity to resubmit the PIP after HSAG's initial validation to address any deficiencies identified. The PIP received a *Not Met* overall validation status when originally submitted. The HMO had the opportunity to receive technical assistance, incorporate HSAG's recommendations, and resubmit the PIP. After resubmission, the HMO improved the *Not Met* validation status for its PIP to a *Partially Met* validation status.

Table 2–1—FY 2015–2016 Performance Improvement Project Validation Activity for Kaiser Permanente Colorado

Name of Project	Type of Annual Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Access and Transition to Behavioral Health Services	Annual Submission	56%	63%	*Not Met*
	Resubmission	75%	63%	*Partially Met*

[1] **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the HMO was required to resubmit the PIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

[2] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4] **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

Validation Findings

Table 2–2 displays the validation results for the **Kaiser** PIP validated during FY 2015–2016. This table illustrates the HMO's overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as

Met, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the second validation year for the PIP, with the HMO completing Activities I through VIII.

Table 2–2—Performance Improvement Project Validation Results for Kaiser Permanente Colorado

Stage	Activity		Percentage of Applicable Elements		
			Met	***Partially Met***	***Not Met***
Design	I.	Review the Selected Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Review the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Review the Identified Study Population	0% (0/1)	100% (1/1)	0% (0/1)
	IV.	Review the Selected Study Indicator(s)	50% (1/2)	50% (1/2)	0% (0/2)
	V.	Review Sampling Methods (if sampling was used)	*Not Applicable*		
	VI.	Review the Data Collection Procedures	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			**78% (7/9)**	**22% (2/9)**	**0% (0/9)**
Implementation	VII.	Review the Data Analysis and Interpretation of Results	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Assess the Improvement Strategies	50% (2/4)	50% (2/4)	0% (0/4)
Implementation Total			**71% (5/7)**	**29% (2/7)**	**0% (0/7)**
Outcomes	IX.	Assess for Real Improvement Achieved	*Not Assessed*		
	X.	Assess for Sustained Improvement	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**75% (12/16)**	**25% (4/16)**	**0% (0/16)**

Overall, 75 percent of all applicable evaluation elements validated received a score of *Met*. For this year's submission, the Design and Implementation stages (Activities I through VIII) were validated.

Design

Kaiser designed a scientifically sound project supported by the use of key research principles; however, the HMO did not include the anchor date of December 31 for the age parameters according to HSAG's recommendation. In addition, Study Indicator 2's denominator required revisions that were not addressed. Both of these evaluation elements were critical and received *Partially Met* scores, which affected the overall validation status of the PIP. The HMO must ensure that all feedback and requirements within a given activity are addressed.

Implementation

Kaiser reported and interpreted its baseline data accurately. The HMO has opportunities for improvement within its improvement strategies activities. **Kaiser** described the staff involved with the quality improvement (QI) activities; however, the HMO did not describe the QI tools that were used to conduct the causal/barrier analysis that led to the identification of barriers. The HMO indicated that all of its barriers were equally important but did not describe how it came to this conclusion. Interventions that have been implemented to date were implemented in a timely manner and have the potential to impact the study indicator outcomes.

Outcomes

The PIP had not progressed to the Outcomes stage during this validation cycle.

Analysis of Results

Table 2–3 displays baseline data for **Kaiser**'s ***Access and Transition to Behavioral Health Services*** PIP. **Kaiser**'s goal is to increase the percentage of CHP+ members 13–17 years of age who were screened for depression by a primary care practitioner's (PCP's) office to 25 percent at Remeasurement 1, and to 40 percent for the percentage of CHP+ members 13–17 years of age who screened positive for depression by a PCP's office and were seen by a behavioral health practitioner within 14 days of the positive screening.

Table 2–3—Performance Improvement Project Outcomes for Kaiser Permanente Colorado

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)	Sustained Improvement
1. The percentage of Kaiser CHP+ members 13–17 years of age who were screened for depression by a primary care practitioner office during the measurement year.	16.9%			

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)	Sustained Improvement
2. The total number of Kaiser CHP+ members 13–17 years of age who screened positive for depression by a primary care practitioner office and were seen by a behavioral health practitioner within 14 days of the positive screening.	22.2%			

The baseline rate for members 13–17 years of age who were screened for depression by a PCP's office during the measurement year was 16.9 percent. This rate is 8.1 percentage points below the Remeasurement 1 goal of 25 percent. For **Kaiser**'s members 13–17 years of age who screened positive for depression by a PCP's office and were seen by a behavioral health practitioner within 14 days of the positive screening, the baseline rate was 22.2 percent. This rate is 17.8 percentage points below the first remeasurement goal of 40 percent.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. The HMO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the HMO's overall success in improving PIP rates.

For the ***Access and Transition to Behavioral Health Services*** PIP, **Kaiser** identified these barriers to address:

- Inconsistent screening across PCPs.
- Additional time required for staff to accurately enter PHQ-9 results in the member's chart.
- Additional time required for the providers to administer the PHQ-9 or PHQ-2.
- Appropriate billing code entry to capture completed depression screening.
- Lack of connection to behavioral health practitioner following the visit.
- Continued provider engagement and recognition of this process as a key effort in addressing depression.

To address these barriers, **Kaiser** implemented the following interventions:

- Added PHQ-like depression screening tool to well-teen questionnaire for use in all well-visits.

- Communicated to all pediatric primary care departments regarding the PHQ-like screening tool.
- Added appropriate billing codes to the well-visit SMART sets to capture depression screening V-codes.
- Modified the well-teen tool to reflect PHQ-2 questions.
- Reeducated primary care departments about the process for PHQ-2 with reflexing into the PHQ-9M if PHQ-2 was positive.
- Held a continuing education seminar on teen depression with emphasis on using the depression screening tools.
- Created a new workflow for PCPs to start antidepressants with a better connection and follow-up with the behavioral health department.

Conclusions

Kaiser developed a methodologically sound project and has set the foundation from which to move forward.

Recommendations

As the PIP progresses, HSAG recommends the following:

- Include the anchor date for the study population definition.
- In the denominator for Study Indicator 2, include that the member's positive depression screen was performed by the PCP.
- Use, and describe the quality improvement tools that were used (such as a causal/barrier analysis, key driver diagram, process mapping, or failure modes and effects analysis) at least annually to determine barriers, drivers, and/or weaknesses within processes which may inhibit the HMO from achieving the desired outcomes.
- Develop active, innovative interventions that can directly impact the study indicator outcomes.
- Develop a process or method to evaluate the effectiveness for each intervention. Use quality improvement science techniques such as the Plan-Do-Study-Act (PDSA) model as part of the HMO's improvement strategies. Interventions can be tested on a small scale, evaluated, and then expanded to full implementation, if deemed successful.
- Use the PIP Completion Instructions to ensure all requirements for each completed activity have been addressed.
- Seek technical assistance from HSAG as needed.

The following contains the PIP-specific validation tool for **Kaiser**.

Appendix A: Colorado FY 15-16 PIP Validation Tool: Access and Transition to Behavioral Health Services for Kaiser Permanente Colorado

DEMOGRAPHIC INFORMATION

Plan Name:	Kaiser Permanente Colorado		
Project Leader Name:	Sean-Casey King	Title:	Project Manager, Medicaid and Charitable Coverage Programs
Telephone Number:	(303) 344-7505	E-mail Address:	sean-casey.king@kp.org
Name of Project/Study:	Access and Transition to Behavioral Health Services		

Type of Project (for HSAG's internal tracking):

☑ Clinical ☐ Nonclinical

☐ Collaborative ☐ HEDIS

Date of Project: 1/1/2014 to 12/31/2014

Type of Delivery System: CHP+

Submission Date: 1/18/2016

Section to be completed by HSAG

9/30/2014	Year 1 Validation	9/16/2014	Annual Submission
11/11/2014	Year 1 Validation	11/11/2014	Resubmission
11/6/2015	Year 2 Validation	10/30/2015	Annual Submission
	Year 2 Validation	1/15/2016	Resubmission
1/25/2016	Year 2 Validation	1/18/2016	Resubmission

X Pre-Baseline

X Baseline

Year 1 validated through Activity: VI

Year 2 validated through Activity: VIII

Appendix A: Colorado FY 15-16 PIP Validation Tool: Access and Transition to Behavioral Health Services for Kaiser Permanente Colorado

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
I.	**Select the Study Topic: The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State. The study topic:**		
C*	1. Is selected following collection and analysis of data. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	Selection of the PIP topic followed the collection and analysis of data specific to the health plan.
	2. Has the potential to affect member health, functional status, or satisfaction. The score for this element will be Met or Not Met.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The PIP has the potential to affect member health, functional status, or satisfaction.

Results for Activity I

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
II.	**Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question:**		
C*	1. States the problem to be studied in simple terms and is in the recommended X/Y format. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The study questions were clear and stated in simple terms using the recommended X/Y format.

Results for Activity II

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
III.	**Define the Study Population: The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs. The study population:**		
C*	1. Is accurately and completely defined and captures all members to whom the study question(s) applies. NA is not applicable to this element for scoring.	☐ Met ☑ Partially Met ☐ Not Met ☐ NA	The health plan did not address HSAGs recommendation from last years validation tool to include the anchor date of December 31 of the measurement year for the age criteria for Study Indicator 1; therefore, this evaluation element is no longer *Met*. Re-review January 2016: In the resubmission, the health plan revised the study population to "CHP members with less than 11 months of continuous enrollment with no gaps during each measurement year." The score for this evaluation element will remain *Partially Met* because the health plan must include the anchor date of December 31 and not reference "measurement year."

Results for Activity III

# of Total Evaluation Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
1	0	1	0	0

# of Critical Elements				
Critical Elements***	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
1	0	1	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IV.	**Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):**		
C*	1. Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives.	☐ Met ☑ Partially Met ☐ Not Met ☐ NA	The health plan did not address HSAG's recommendation from last year's validation to revise the denominator for Study Indicator 2 to include that the screening for depression wherein the member tested positive was performed by the primary care provider's office. Therefore, this evaluation element is no longer *Met*. Additionally, the health plan documented its baseline rate of 16.9 percent in the study indicator table where the baseline measurement period date range is to be documented. Re-review January 2016: The health plan did not correct the denominator for Study Indicator 2; therefore, the score for this evaluation element will remain *Partially Met*.
	2. Include the basis on which the indicator(s) was adopted, if internally developed.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan provided the rationale and description for both study indicators.

Results for Activity IV

# of Total Evaluation Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
2	1	1	0	0

# of Critical Elements				
Critical Elements***	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
1	0	1	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
V.	**Use Sound Sampling Techniques: (If sampling is not used, each evaluation element is scored NA.) If sampling is used to select members in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:**		
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.).	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.
	2. Include the title of the applicable study indicator(s).	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.
	3. Identify the population size.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.
C*	4. Identify the sample size.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.
	5. Specify the margin of error and confidence level.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.
	6. Describe in detail the methods used to select the sample.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.
C*	7. Allow for the generalization of results to the study population.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling techniques were not used in this PIP.

Results for Activity V

# of Total Evaluation Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
7	0	0	0	7

# of Critical Elements				
Critical Elements***	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
2	0	0	0	2

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VI.	**Reliably Collect Data: Data collection must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:**		
	1. Clearly defined sources of data and data elements to be collected. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The documentation included the identification of data elements for collection.
C*	2. Clearly defined and systematic process for collecting data that includes how baseline and remeasurement data will be collected. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan specified a systematic method for collecting baseline and remeasurement data.
C*	3. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	The health plan did not use manual data collection.
	4. An estimated degree of administrative data completeness. Met = 80 - 100 percent Partially Met = 50 - 79 percent Not Met = <50 percent or not provided	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The estimated degree of administrative data completeness was between 80 percent and 100 percent, and the documentation included how the health plan determined the reported administrative data completeness percentage.

Results for Activity VI

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
4	3	0	0	1	2	1	0	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VII.	**Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:**		
C*	1. Include accurate, clear, consistent, and easily understood information in the data table.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan presented results in a clear, accurate, and easily understood format.
	2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan did not include a complete narrative interpretation of the baseline results for either study indicator. The narrative should include the baseline results for each indicator. Re-review January 2016: In the resubmission, the health plan provided an interpretation of its baseline results for both study indicators. The score for this evaluation element has been changed to *Met*.
	3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan did not discuss whether factors that threatened the validity of the baseline data reported were identified. If no such factors exist, this should be reflected in Activity VIIs documentation. Re-review January 2016: In the resubmission, the health plan indicated that in 2014, depression screening in the primary care setting was not widespread and information was not consistently available. It identified this as a threat to the validity of the baseline data. The score for this evaluation element has been changed to *Met* with a *Point of Clarification*. Point of Clarification: In the future, when factors that affect the validity of the data are identified and reported, the health plan should also discuss how much of an impact these factors had on the reported data and how the plan will address the identified factors.

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		

Results for Activity VII

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
3	3	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.
** Total Evaluation Elements includes critical elements.
*** This number is a tally of the total number of critical evaluation elements for this review activity.

	EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VIII.	**Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:**		
C*	1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	☐ Met ☑ Partially Met ☐ Not Met ☐ NA	The health plan did not describe its quality improvement team, processes, or tools used to identify the documented barriers. Re-review January 2016: In the resubmission, the health plan described the people involved in its quality improvement efforts; however, it did not describe the tools (i.e., brainstorming, fishbone diagram, and process mapping) used to conduct the causal/barrier analysis that led to the identification of barriers. The score for this evaluation element has been changed to *Partially Met*.
	2. Barriers that are identified and prioritized based on results of data analysis and/or other quality improvement processes.	☐ Met ☑ Partially Met ☐ Not Met ☐ NA	The health plan documented its identified barriers; however, there was no documentation regarding a process used to prioritize these barriers. Re-review January 2016: In the resubmission, the health plan indicated that all of its identified barriers were equally important in relation to prioritization; however, it did not describe how it came to this conclusion. What tools or processes did the health plan use to prioritize the barriers (e.g., data and/or health plan experience, failure modes and effects analysis, risk priority numbering)? The score for this evaluation element will remain *Partially Met*.
C*	3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The interventions were logically linked to the documented barriers and have the potential to impact the study indicator outcomes.

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VIII.	**Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:**		
	4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The timing of the interventions did not appear to align with the measurement periods of the PIP. Three interventions were implemented prior to the baseline year; three during the baseline year; and only one, in August 2015, that may have the potential to impact the remeasurement results. Re-review January 2016: In the resubmission, the health plan provided updated, dated interventions that were more in alignment with the measurement periods for the PIP. The score for this evaluation element has been changed to *Met.*
C*	5. Evaluation of individual interventions for effectiveness.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	The PIP has not progressed to the point of evaluating the effectiveness of interventions. It should be noted that the health plan documented that it would review remeasurement results to determine whether interventions were successful. This is not a method to truly evaluate the effectiveness of an individual intervention. The health plan must have a method to evaluate each intervention independently. Reviewing remeasurement results will not reveal which intervention had an impact.
	6. Interventions continued, revised, or discontinued based on evaluation results.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	The PIP has not progressed to the point of revising, continuing, or abandoning interventions. The health plan will need to make these determinations based on the intervention evaluation analysis and include this information in the next annual submission.

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		

Results for Activity VIII

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
6	2	2	0	2	3	1	1	0	1

* "C" in this column denotes a critical evaluation element.
** Total Evaluation Elements includes critical elements.
*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IX.	**Assess for Real Improvement: Real improvement or meaningful change in performance is evaluated based on study indicator(s) results.**		
	1. The remeasurement methodology is the same as the baseline methodology.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	2. The documented improvement meets the State- or health plan-specific goal.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	3. There is statistically significant improvement over baseline.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.

Results for Activity IX

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
3	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
X.	**Assess for Sustained Improvement: Sustained improvement is demonstrated through repeated measurements over comparable time periods.**		
C*	1. Repeated measurements over comparable time periods demonstrate sustained improvement over baseline.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. Sustained improvement cannot be assessed until the study indicator has achieved statistically significant improvement over baseline and sustained the improvement for a subsequent measurement period.

Results for Activity X

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	**Met**	**Partially Met**	**Not Met**	**Not Applicable**	**Critical Elements*****	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool: Access and Transition to Behavioral Health Services for Kaiser Permanente Colorado

Table A-1—FY 15-16 PIP Validation Report Scores: Access and Transition to Behavioral Health Services for Kaiser Permanente Colorado											
Review Activity		**Total Possible Evaluation Elements (Including Critical Elements)**	**Total Met**	**Total Partially Met**	**Total Not Met**	**Total NA**	**Total Possible Critical Elements**	**Total Critical Elements Met**	**Total Critical Elements Partially Met**	**Total Critical Elements Not Met**	**Total Critical Elements NA**
I.	Select the Study Topic	2	2	0	0	0	1	1	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0
III.	Define the Study Population	1	0	1	0	0	1	0	1	0	0
IV.	Select the Study Indicator(s)	2	1	1	0	0	1	0	1	0	0
V.	Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2
VI.	Reliably Collect Data	4	3	0	0	1	2	1	0	0	1
VII.	Analyze Data and Interpret Study Results	3	3	0	0	0	1	1	0	0	0
VIII.	Improvement Strategies (interventions for improvement as a result of analysis)	6	2	2	0	2	3	1	1	0	1
IX.	Assess for Real Improvement	3		Not Assessed			2	Not Assessed			
X.	Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed			
Totals for All Activities		**30**	**12**	**4**	**0**	**10**	**15**	**5**	**3**	**0**	**4**

Table A-2—FY 15-16 PIP Validation Report Overall Scores: Access and Transition to Behavioral Health Services for Kaiser Permanente Colorado	
Percentage Score of Evaluation Elements Met*	**75%**
Percentage Score of Critical Elements Met**	**63%**
Validation Status***	***Partially Met***

* The percentage score is calculated by dividing the total Met by the sum of the total Met, Partially Met, and Not Met.

** The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.

*** Met equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results based on CMS Validating protocols. HSAG also assessed whether the State should have confidence in the reported PIP findings.

***Met** = Confidence/high confidence in reported PIP results

****Partially Met** = Low confidence in reported PIP results

*****Not Met** = Reported PIP results not credible

Summary of Aggregate Validation Findings

*	Met	**	Partially Met	***	Not Met
		X			

Summary statement on the validation findings:

Activities I through VIII were assessed for this PIP Validation Report. Based on the validation of this PIP, HSAG's assessment determined low confidence in the results.

The following contains the PIP-specific summary form for **Kaiser**.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

DEMOGRAPHIC INFORMATION			
Plan Name:	**Kaiser Permanente Colorado**		
Project Leader Name:	Sean-Casey King	Title:	Business Operations Manager, Medicaid and Charitable Coverage Programs
Telephone Number:	(303) 344-7505	E-mail Address:	sean-casey.king@kp.org
Name of Project:	**Access and Transition to Behavioral Health Services**		

Type of Project (for HSAG's internal tracking): ☒ Clinical ☐ Nonclinical ☐ Collaborative ☐ HEDIS	**Section to be completed by HSAG** _____ Year 1 Validation _____ Initial Submission __X__ Year 2 Validation 10/30/15 Initial Submission _____ Year 3 Validation _____ Initial Submission
Type of Delivery System: (MCO/CHP+/RCCO) CHP – Integrated Delivery Service	__X__ Baseline Assessment _____ Remeasurement 1 _____ Remeasurement 2 _____ Remeasurement 3
Submission Date: 10/30/2015 Revised 01/13/2016	Year 1 validated through Activity VI Year 2 validated through Activity VIII Year 3 validated through Activity _____

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

Study Topic:

> Studies have shown that up to 9% of teenagers meet criteria for depression at any one time, with as many as 1 in 5 teens having a history of depression at some point during adolescence.[1-5] In primary care (PC) settings, point prevalence rates are likely higher, with rates up to 28%.[6-10] Taken together, epidemiologic and PC-specific studies have suggested that despite relatively high rates, major depressive disorder (MDD) in youth is under-identified and undertreated in PC settings.[11] (PEDIATRICS Vol. 120 No. 5November 1, 2007 pp. e1313 -e1326 doi: 10.1542/peds.2006-1395 link: http://pediatrics.aappublications.org/content/120/5/e1313.full)

Kaiser Permanente Colorado (KPCO) recognizes an opportunity to improve access to behavioral health services and improvements to how those services are rendered to its members. Specifically, the KPCO CHP adolescent population appears to have a depression screening rate that could be improved. Furthermore, the current processes to refer applicable members positively screened for depression to behavioral health specialists would benefit from measurement, standardization, and improvement to align KPCO pediatric care with best practices. By focusing on both screening and referral processes KPCO will ensure improvements in both access and appropriateness of members needing behavioral health services.

Provide health plan-specific data:

Draft Depression Rates and Screening rates in HealthConnect (July 2014)*

Depression Rates and Screening	**CHP**
Membership 13-17	**1,517**
Depression Registry (members with diagnosis of depression)	**52**
Depression Rate (% of members with diagnosis of depression)	**3.4%**
Depression Screening in last 2 years	**255**
Depression Screening Rate	**16.8%**

*This data was preliminary and does not exactly match the final baseline criteria described below, but was the basis of determining the need for this study.

Describe how the study topic has the potential to improve member health, functional status, or satisfaction:

This study topic aims to improve member health:

1. By increasing depression screening rates through standardized screening protocols in primary care the project will improve member health by increasing

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.
the number of members provided referrals to appropriate behavioral health services. 2. Along with standardized screening the project aims to also standardize behavioral health referrals to ensure the transition to behavioral health services is appropriately addressed.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The Study Question(s) should:

- Be structured in the recommended X/Y format: "Does doing X result in Y?"
- State the problem in clear and simple terms.
- Be answerable based on the data collection methodology and study indicator(s) provided.

Study Question(s):

1. Do targeted interventions increase the percentage of KP CHP members 13 to 17 years of age screened for depression by a primary care practitioner (PCP) during the measurement year?

2. Do targeted interventions increase the percentage of KP CHP members 13 to 17 years of age who have a follow-up visit with a behavioral health provider within 14 days of a positive depression screening?

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity III: Define the Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs.

The study population definition should:

- Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- Clearly define the inclusion, exclusion, and diagnosis criteria.
- Include a list of diagnosis/procedure/pharmacy/billing codes used to identify members, if applicable.
- Capture all members to whom the study question(s) applies.
- Include how race/ethnicity will be identified, if applicable.

Study Population:

KPCO CHP Members with >11 months of continuous enrollment with no gaps during each measurement year.

Enrollment requirements (if applicable):

Study question 1: Continuous enrollment in CHP >11 months with no gaps in enrollment.

Study question 2: Continuous enrollment in CHP >11 months with no gaps in enrollment. Member must have a positive depression screen. Members must be enrolled for 14 days following positive depression screening.

Member age criteria (if applicable):

Study question 1: Age: 13-17

Study question 2: Age: 13-17 upon positive depression screening

Inclusion, exclusion, and diagnosis criteria:

Study question 1 and 2: Exclude: Members currently receiving Behavioral Health services/treatment.

Diagnosis/procedure/pharmacy/billing codes (if applicable):

Study Question 1: PHQ-2 date of entry, V code: “Screening for Depression V79.0A” (ICD-10 TBD)
Study Question 2: PHQ-9M date of entry, data is captured in EMR

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- Include the complete title of the study indicator(s).
- Include complete descriptions of the numerators and denominators, defining the terms used.
- Include the rationale for selecting the study indicator(s).
- If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- Include complete dates for all measurement periods (with the day, month, and year).
- Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- Include the State-designated goal, if applicable.

Study Indicator 1: Total number of KP CHP members screened for depression by a PCP office.	Total number of KP CHP members 13 to 17 years of age who were screened for depression by a PCP office during the measurement year. This indicator was selected because the current rate of depression screening of the population is low, thus increasing the potential for individuals with depression not receiving appropriate services. This rationale is backed by some literature including but not limited to: **http://pediatrics.aappublications.org/content/119/1/101.short** . PEDIATRICS Vol. 119 No. 1 January 1, 2007 pp. 101 -108 (doi: 10.1542/peds.2005-2965)
Numerator: (no numeric value)	Number of members in denominator screened for depression during measurement year by PCP office. Diagnosis code in record with code: “Screening for Depression V79.0A” (ICD-10 TBD)
Denominator: (no numeric value)	All CHP members aged 13-17 with continuous enrollment >11 months.
Baseline Measurement Period (include date range)	1/1/2014 – 12/31/2014
Remeasurement 1 Period (include date range) 1/1/2015 to 12/31/2015	1/1/2015 to 12/31/2015

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- Include the complete title of the study indicator(s).
- Include complete descriptions of the numerators and denominators, defining the terms used.
- Include the rationale for selecting the study indicator(s).
- If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- Include complete dates for all measurement periods (with the day, month, and year).
- Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- Include the State-designated goal, if applicable.

Remeasurement 1 Period Goal	25%
Remeasurement 2 Period (include date range) 1/1/2016 to 12/31/2016	1/1/2016 to12/31/2016
Remeasurement 2 Period Goal	35%
State-Designated Goal or Benchmark	
Source of Benchmark	
***Study Indicator 2:* Total number of KP CHP 13 to 17 years of age who had a positive depression screening and had a behavioral health follow-up visit within 14 days**	Total number of KP CHP 13 to 17 years of age who had a positive depression screening performed in primary care and had a behavioral health follow-up visit within 14 days of the positive depression screening during the measurement year. **Ensuring the increase in screening is also linked to an appropriate referral (appropriateness in timing to be dependent on type of behavioral health service referral) to behavioral health services ensures screening efforts are tied to a smooth transition to behavioral health services.**

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- Include the complete title of the study indicator(s).
- Include complete descriptions of the numerators and denominators, defining the terms used.
- Include the rationale for selecting the study indicator(s).
- If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- Include complete dates for all measurement periods (with the day, month, and year).
- Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- Include the State-designated goal, if applicable.

Numerator: (no numeric value)	Number of members in denominator who had an appointment with BH within 14 days.
Denominator: (no numeric value)	Number of CHP members 13-17 continuously enrolled >11 months with a positive screen for depression during measurement period. Member enrolled for a minimum of 14 days after depression screening.
Baseline Measurement Period (include date range) 1/1/2014 to 12/31/2014	1/1/2014 to 12/31/2014
Remeasurement 1 Period (include date range) 1/1/2015 to 12/31/2015	1/1/2015 to 12/31/2015
Remeasurement 1 Period Goal	40%
Remeasurement 2 Period (include date range) 1/1/2016 to 12/31/2016	1/1/2016 to12/31/2016
Remeasurement 2 Period Goal	60%
State-Designated Goal or Benchmark	

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- Include the complete title of the study indicator(s).
- Include complete descriptions of the numerators and denominators, defining the terms used.
- Include the rationale for selecting the study indicator(s).
- If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- Include complete dates for all measurement periods (with the day, month, and year).
- Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- Include the State-designated goal, if applicable.

Source of Benchmark	
Study Indicator 3:	**Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.**
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include	

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- Include the complete title of the study indicator(s).
- Include complete descriptions of the numerators and denominators, defining the terms used.
- Include the rationale for selecting the study indicator(s).
- If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- Include complete dates for all measurement periods (with the day, month, and year).
- Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- Include the State-designated goal, if applicable.

date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	
Use this area to provide additional information. Discuss the guidelines and basis for each study indicator.	

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity V: Use Sound Sampling Techniques. If sampling is to be used to select members of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis. Representative sampling techniques should be used to ensure generalizable information**.**

The description of the sampling methods should:

- Include components identified in the table below.
- Be updated annually for each measurement period and for each study indicator.
- Include a detailed narrative description of the methods used to select the sample; ensure sampling techniques support generalizable results.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
Baseline 1/1/2014-12/31/2014	Total number of KP CHP members screened for depression by a PCP.	1,019	100%	N/A. No sampling will be used and the entire population will be measured.
Baseline 1/1/2014-12/31/2014	Access to BH after positive depression screen within 14 days.	172	100%	No sampling will be used and the entire population will be measured.

Describe in detail the methods used to select the sample:

No sampling will be used and the entire population will be measured.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the study indicators.
- A copy of the manual data collection tool, if applicable.
- An estimate of administrative data completeness and the process used to determine completeness.

Data Sources (Select all that apply)

[ ] Hybrid—Both medical/treatment records (manual data collection) and administrative data collection processes are used

[ ] Medical/Treatment Record Abstraction

Record Type

[ ] Outpatient

[ ] Inpatient

[ ] Other

_____

Other Requirements

[ ] Data collection tool attached

[ ] Other Data

_____

[X] Administrative Data

Data Source

[X] Programmed pull from claims/encounters

[ ] Complaint/appeal

[ ] Pharmacy data

[ ] Telephone service data/call center data

[X] Appointment/access data

[ ] Delegated entity/vendor data _____

[ ] Other _____

Other Requirements

[x] Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes)
Screening: Diagnosis code in record with code: “Screening for Depression V79.0A” (ICD-10 TBD)

Behavioral Health Appointment:

[ ] Survey Data

Fielding Method

[ ] Personal interview

[ ] Mail

[ ] Phone with CATI script

[ ] Phone with IVR

[ ] Internet

[ ] Other

_____

Other Requirements

[ ] Number of waves _____

[ ] Response rate _____

[ ] Incentives used _____

Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable. **Data collection methodology should include the following:** ◆ Identification of data elements and data sources. ◆ When and how data are collected. ◆ How data are used to calculate the study indicators. ◆ A copy of the manual data collection tool, if applicable. ◆ An estimate of administrative data completeness and the process used to determine completeness.		
	Department codes: BMS ACP, BMS ARAP, BMS BASE, BMS CRK, BMS EAST, BMS ENGL, BMS EVG, BMS FCO, BMS GRM, BMS HRCH, BMS KCM, BMS LAKE, BMS LONG, BMS LVE, BMS PRK, BMS RKCK, BMS SKY, BMS SMOK, BMS SOUT, BMS TON, BMS WEST, BMS WHEA, CD HLAK, CD RDG, CD REG, EATING DISORDERS HLAK, EATING DISORDERS REG, GEROPSYC RDG, GEROPSYC REG, MH HLAK, MH RDG, MH REG, PSYCHIATRY HLAK, PSYCHIATRY RDG, PSYCHIATRY REG, Visit types: BEHAVIORAL TESTING, BH CLASS, BMS GROUP VISIT, BMS OFFICE VISIT, CD BRIEF FOLLOW UP, CD FOLLOW UP, CD MEDICATION EVAL, CD MEDICATION RETURN, CD NEW, CD NURSE VISIT, CD PRO BONO, CHEMICAL DEPENDENCY GROUP, CONSULT, DRUG SCREENING, INTENSIVE OUTPATIENT THERAPY, MEDICARE PREVENTION, MH BRIEF FOLLOW UP, MH CONSULT, MH CRISIS BRIEF, MH CRISIS EVAL, MH CRISIS FOLLOW UP, MH EMDR FOLLOW UP, MH FAMILY, MH FOLLOW UP, MH GROUP, MH MEDICATION EVAL, MH MEDICATION RETURN, MH NEW, MH NURSE VISIT, NURSE VISIT, OFFICE VISIT FOLLOW UP, OFFICE VISIT NEW, OFFICE VISIT URGENT, [ ] Data completeness assessment attached [ ] Coding verification process attached Estimated percentage of administrative data completeness: _90%_ percent. Describe the process used to determine data completeness: KP will conduct data validation process as described below to determine exact completeness of data.	

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VI: Determine the Data Collection Cycle.	Determine the Data Analysis Cycle.
[ ] Once a year [ ] Twice a year [ ] Once a season [x] Once a quarter [ ] Once a month [ ] Once a week [ ] Once a day [ ] Continuous [ ] Other (list and describe): TBD - once baseline is developed frequency of data collection cycle will be assessed.	[ ] Once a year [ ] Once a season [ ] Once a quarter [ ] Once a month [ ] Continuous [ ] Other (list and describe):

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Describe the data collection process:

Study Indicator 1 collection process:

-Denominator data collection: The average monthly enrollment throughout the measurement period of members aged 13-17 with >11 months enrollment in the KP membership data system, will be included in denominator.

-Numerator data collection: Diagnosis code: "Screening for Depression V79.0A" (ICD-10 TBD) used in the KP electronic medical record (EMR) data warehouse (Clarity) will be used to develop a flag and date of screening.

-Data validation process: once data table is created a random audit of the data against the electronic medical record (EMR) will be conducted to ensure data accurately reflects what has been documented in EMR.

-Summary report creation: Numerator and Denominator totals will be presented in summary table displaying rate of member's receiving depression screen for measurement period.

Study Indicator 2 collection process:

-Denominator data collection: using the KP membership data system (Common Membership) all members with a line of business CHP who are continually enrolled for >11 months during measurement year with a positive depression screen as indicated by the presence of a PHQ-9M in the EMR data warehouse (Clarity). The date of the depression screen will be included in the data.

-Numerator data collection: Using the KP EMR data warehouse (Clarity) the date of all Behavioral Health (BH) services appointments (using BH departmental codes and visit codes see table on next page for detail) will be collected for denominator population. Subsequently an analysis will be conducted to remove any member who had BH services rendered prior to positive Depression screen date designated in denominator data. For those remaining BH services only the first BH appointment subsequent to Positive screen date will be included and a calculation will be made to determine the number of days from Positive screen to rendering of services will be displayed in data.

-Data validation process: once data table is created a random audit of the data against the electronic medical record (EMR) will be conducted to ensure data accurately reflects what has been documented in EMR.

-Summary report creation: Numerator and Denominator totals will be presented in summary table displaying rate of member's receiving BH services subsequent to positive screen for depression via depression diagnosis.

Data Elements, Data Types, and Data Source Systems Overview

Data Element/s	Data type	Data Source System	Notes
MRN	9 digit code	Common Membership (Membership data warehouse)	
Continuous Enrollment >11 months	Yes/No	Common Membership (Membership data warehouse)	
Line of Business	Label "CHP"	Common Membership (Membership	

Describe the data collection process:

		data warehouse)	
Depression Screening and Date of Screening	Diagnosis code in record with code: "Screening for Depression V79.0A" (ICD-10 TBD) Date Code was entered	Clarity (Electronic Medical Record data warehouse)	
Positive Depression Screening	Presence of PHQ 9M	Clarity (Electronic Medical Record data warehouse)	
Behavioral Health Appointment Encounter and Date of appointment	Department codes: BMS ACP, BMS ARAP, BMS BASE, BMS CRK, BMS EAST, BMS ENGL, BMS EVG, BMS FCO, BMS GRM, BMS HRCH, BMS KCM, BMS LAKE, BMS LONG, BMS LVE, BMS PRK, BMS RKCK, BMS SKY, BMS SMOK, BMS SOUT, BMS TON, BMS WEST, BMS WHEA, CD HLAK, CD RDG, CD REG, EATING DISORDERS HLAK, EATING DISORDERS REG, GEROPSYC RDG, GEROPSYC REG, MH HLAK, MH RDG, MH REG, PSYCHIATRY HLAK, PSYCHIATRY RDG, PSYCHIATRY REG, Visit types: BEHAVIORAL TESTING, BH CLASS, BMS GROUP VISIT, BMS OFFICE VISIT, CD BRIEF FOLLOW UP, CD FOLLOW UP, CD MEDICATION EVAL, CD MEDICATION RETURN, CD NEW, CD NURSE VISIT, CD PRO BONO, CHEMICAL DEPENDENCY GROUP, CONSULT, DRUG SCREENING, INTENSIVE OUTPATIENT THERAPY, MEDICARE PREVENTION, MH BRIEF FOLLOW UP, MH CONSULT, MH CRISIS BRIEF, MH CRISIS EVAL, MH CRISIS FOLLOW UP, MH EMDR FOLLOW UP, MH FAMILY, MH FOLLOW UP, MH GROUP, MH MEDICATION EVAL, MH MEDICATION RETURN, MH NEW, MH NURSE VISIT, NURSE VISIT, OFFICE VISIT FOLLOW UP, OFFICE VISIT NEW, OFFICE VISIT URGENT, Date of appointment	Clarity (Electronic Medical Record data warehouse)	

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 1 Total number of KP CHP members screened for depression by a PCP office.

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and *p* Value
1/1/2014–12/31/2014	**Baseline**	172	1,019	16.9%	N/A	
1/1/2015-12/31/2015	**Remeasurement 1**				25%	
1/1/2016-12/31/2016	**Remeasurement 2**				35%	
1/1/2017-12/31/2017	**Remeasurement 3**					

Study Indicator 2 Total number of KP CHP 13 to 17 years of age who had a positive depression screening and had a behavioral health follow-up visit within 14 days

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and *p* Value
1/1/2014–12/31/2014	**Baseline**	2	9	22.2%	N/A	
1/1/2015-12/31/2015	**Remeasurement 1**				40%	
1/1/2016-12/31/2016	**Remeasurement 2**				60%	
1/1/2017-12/31/2017	**Remeasurement 3**					

Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- Data and results presented clearly, accurately, and consistently in both table and narrative format.
- A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting *p* values calculated to four decimal places (e.g., 0.0235).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

Describe the data analysis process and provide an interpretation of the results for each measurement period.

Baseline Measurement:

No statistical analysis was required to evaluate the baseline data. Since depression screening was not widespread in primary care in 2014, very little information was available during the year on a consistent basis. This is identified as a factor potentially impacting the validity of the baseline period.

Study Indicator 1: The baseline period produced a rate of screening in primary care of 16.9% Since routine screening did not begin until late 2014, this rate is likely accurate. Of screens that were captured using the data collection methodology outlined in this project, it is possible that some screens included in the rate were performed outside of primary care, however, the low rate is still aligned with our expectations, and remeasurements will include only primary care.

Study Indicator 2: The baseline period produced a rate of 22%, but no conclusions are drawn from this rate at this time due to small sample size and inconsistent entry of PHQ9 data during the baseline period. We anticipate with more widespread screening the sample size for this indicator will increase in remeasurement periods.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s). **Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.**
Baseline to Remeasurement 1: **Baseline to Remeasurement 2:** **Baseline to Remeasurement 3:** **Baseline to Final Remeasurement:**

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- Processes used to identify barriers/interventions.
- Prioritized list of barriers with corresponding interventions.
- Processes used to evaluate the effectiveness of the interventions and evaluation results.
- For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Please describe the process used to identify barriers and develop corresponding interventions. Include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers, such as data mining, fishbone diagram, process-level data, etc. Describe the process used to prioritize the barriers and designate high-priority barriers. Lastly, describe the process used to evaluate the effectiveness of each intervention. The documentation should be dated to identify when steps in the ongoing quality improvement process were visited/revisited.

A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools:

- Identification of Barriers
  - In mid-2014, a leadership group including Pediatrics, Family Medicine, and Behavioral Health met to regarding how to implement the US Preventative Services Task Force recommendation that Primary Care perform routine depression screening in adolescents.
  - Pediatric leaders, nursing managers, and behavioral health clinicians met to identify barriers within their respective areas, and identified the barriers below.
  - The process to continue evaluating these barriers was informal in 2014, and formalized in 2015 as part of the efforts of the Pediatric Behavioral Health Quality Leaders Group.
- Anticipated Barriers
  - Inconsistent screening across primary care.
  - Additional time required by staff to correctly enter PHQ9 results in the patient chart
  - Additional time required by providers to administer PHQ2/PHQ9 in the office
  - Appropriate coding of visits and capture of each screening
  - Connection to Behavioral Health following visit
  - Continued provider engagement and recognition of this process as a key effort in addressing depression.
- Interventions (Pediatrics team)

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- Processes used to identify barriers/interventions.
- Prioritized list of barriers with corresponding interventions.
- Processes used to evaluate the effectiveness of the interventions and evaluation results.
- For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

  - Q1 2014 added PHQ-like depression screening tool to well teen questionnaire for use in all well visits.
  - Q1 2014 communication to all pediatric primary care departments about the tool, with the expectation that tool would be in widespread use by summer 2014.
  - Q2 2014 appropriate coding added to well-visit Smart Sets in order to capture appropriate screening V-codes
  - Q2 2014 well-teen tool modified to reflect PHQ2 questions (we had been using a PHQ-like tool)
  - End of year 2014: re-communication to Primary Care in department meetings about new process for PHQ2 with reflexing into PHQ9M if PHQ2 was positive
  - June 2015 Continuing Medical Education seminar on teen depression – re-promoted and discussed the screening tools, developed depression guideline for providers to use as a resource.
  - Summer 2015: Created a new workflow for PCPs to start anti-depressants with better connection and follow-up in Behavioral Health.

Quality improvement processes, tools, and/or data analysis results used to identify and prioritized barriers:

All barriers were prioritized as equally important from the outset, with coding being identified as the easiest fix. Several identified potential barriers were addressed at the time of initial implementation of widespread depressions screening. Additional barriers related to physician engagement were addressed through training and communication as discussed above

Processes and measures used to evaluate the effectiveness of each intervention:

Effectiveness of the group of interventions will be evaluated upon initial evaluation of the baseline compared to the remeasurement period. Initial results indicate a favorable response by the clinical team.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- Processes used to identify barriers/interventions.
- Prioritized list of barriers with corresponding interventions.
- Processes used to evaluate the effectiveness of the interventions and evaluation results.
- For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Barriers/Interventions Table:

Use the table below to list barriers, corresponding intervention descriptions, intervention type, target population, and implementation date. For each intervention, select if the intervention was (1) new, continued, or revised, and (2) member, provider, or system. Update the table as interventions are added, discontinued, or revised.

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Member, Provider, or System Intervention	Priority Ranking	Barrier	Intervention That Addresses the Barrier Listed in the Previous Column
01/14	New	System Intervention	1	Tool must be included as part of the automated Smart Sets to ensure use in office visits without a manual process.	Added depression screening tool to well teen questionnaire for use in all well visits.
01/14	New	Provider Intervention	2	Providers unfamiliar with the process for completing the screenings in such a way that will be counted in the metrics.	Communication to all pediatric primary care departments about the tool
06/14	New	System Intervention	3	Need appropriate diagnosis coding in order for screens to be captured for analysis.	Added appropriate coding to well visit smart sets.
06/14	Revised	System Intervention	4	Tool in the system is a PHQ-like tool and not the specific PHQ2	Modified the questionnaire to reflect the PHQ2 questions.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- Processes used to identify barriers/interventions.
- Prioritized list of barriers with corresponding interventions.
- Processes used to evaluate the effectiveness of the interventions and evaluation results.
- For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

				tool.	
08/14	Continued	Provider Intervention	**2**	**Continued awareness and engagement with this process is difficult to maintain with a large group of providers.**	**Refresher training to remind providers to use PHQ9 if PHQ2 is positive.**
06/15	Continued	Provider Intervention	**2**	**Continued awareness and engagement by primary care physicians related to this process,**	**Refresher training regarding the screening tools, implemented new process for PCPs to start antidepressants when appropriate following a positive screen.**
10/14 Ongoing to Present	Continued	System Intervention	**2**	**Availability of time and simple pathways to promptly connect patients who screen positive with a Behavioral Health provider.**	**Continued implementation of Behavioral Medicine Specialist program through which Behavioral Health providers are based in Primary Care to provide care and to connect patients with Specialty Behavioral Health.**

Report the evaluation results for each intervention and describe the steps taken based on the evaluation results. Was each intervention successful? How were successful interventions continued or implemented on a larger scale? How were less-successful interventions revised or discontinued?

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Access and Transition to Behavioral Health Services *for* Kaiser Permanente Colorado

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- Processes used to identify barriers/interventions.
- Prioritized list of barriers with corresponding interventions.
- Processes used to evaluate the effectiveness of the interventions and evaluation results.
- For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Evaluation results for each Intervention:

Interventions will be measured as a whole as pass/fail upon the evaluation of the initial results during the first remeasurement period. Additional interventions or continued interventions will be determined at that time. Preliminary results show a favorable improvement.

Next steps for each intervention based on evaluation results:

System interventions are completed and functioning as expected, future system interventions are not anticipated at this time. Periodic provider training and refreshers will continue.